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APPLICANTS

David Golman King, Lexington, KY;

Patrick Laurence Kroger, Versailles, KY;

** CONTINUING DATA *****

NONE LN

** FOREIGN APPLICATIONS *****

NONE LN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS LN		
Verified and Acknowledged				

ADDRESS

Elizabeth C. Jacobs, Esq.
 Lexmark International, Inc.
 Building 82-1, Dept. 865A
 740 W New Circle Road
 Lexington, KY
 40550

TITLE

Printhead alignment test pattern and method for determining printhead misalignment

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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